CHKS Assurance and Accreditation Services

Surveyor Application Form

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| Dear Colleague  Thank you for expressing an interest in becoming a CHKS surveyor for our assurance and accreditation programmes.  To process your application further please complete this form using the drop-down options available.  Please email the completed form to Kirstie Oliver, Surveyor Manager at [koliver@chks.co.uk](mailto:koliver@chks.co.uk) together with a copy of your CV.  In line with Capita and CHKS confidentiality policies, all information you provide to us will be maintained in the strictest confidence. |

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| Personal Information | |
| Title | Choose an item. |
| If **other,** please state | Click here to enter text. |
| First Name | Click here to enter text. |
| Last Name | Click here to enter text. |
| Address | Click here to enter House Name or Number.  Click here to enter Street Name.  Click here to enter Town/City.  Click here to enter County.  Click here to enter Postcode. |
| Email Address | Click here to enter work email. |
| Telephone Number | Click here to enter number. |

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| Professional Details | |
| Profession | Choose an item. |
| If **other,** please state | Click here to enter text. |
| Professional Registration Number | Click here to enter text. |
| Professional Registration Expiry Date | Click here to enter text. |

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| Career History | |
| Current Post (or last post if recently retired) | Click here to enter text. |
| How long have you been in post? | Click here to enter text. |
| Date of retirement (if applicable) | Click here to enter text. |
| Professional Setting | Choose an item. |
| If **service within acute** or **other,** please state | Click here to enter text. |
| Primary area of Expertise/Knowledge | Choose an item. |
| If **allied health professional** or **other,** please state | Click here to enter text. |

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| Other Areas of Experience | | | |
| Please choose a maximum of 6 additional areas of experience (at least 2 years working in the field): | | | |
| Choose an item. | Choose an item. | | Choose an item. |
| Choose an item. | Choose an item. | | Choose an item. |
| If **allied health professional** or **other,** please state | | Click here to enter text. | |

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| Supportive Information | |
| Provide a brief explanation of why you would like to become a CHKS Surveyor: | |
| Click here to enter text. | |
| Name and contact details of a referee: | Click here to enter name. |
| Click here to enter email address. |
| Click here to enter telephone number. |